

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 434997-003																		
<p style="text-align: center;">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____</p> <p>Name: _____</p>	In re Application of Robert Alvin MAY																			
	Application Number 10/687,955	Filed October 17, 2003																		
	For SYSTEM AND METHOD FOR PROVIDING REDUNDANT ROUTING CAPABILITIES FOR A NETWORK NODE																			
	Group Art Unit 2121	Examiner Darrin D. Dunn																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1,110)</td> <td style="text-align: right;">\$ <u>1,110.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1,730)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,175/\$2,350)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-3557</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>42,125</u>.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">/John P. Schaub, Reg. No. 42,125/</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;">November 27, 2009</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">John P. Schaub</td> <td style="border-bottom: 1px solid black; text-align: center;">(650)320-0373</td> </tr> <tr> <td style="text-align: center;">Typed or printed name</td> <td style="text-align: center;">Telephone Number</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1,110)	\$ <u>1,110.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1,730)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,175/\$2,350)	\$ _____	/John P. Schaub, Reg. No. 42,125/	November 27, 2009	Signature	Date	John P. Schaub	(650)320-0373	Typed or printed name	Telephone Number
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____																			
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Signature	Date																			
John P. Schaub	(650)320-0373																			
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<input type="checkbox"/> Total of _____ forms are submitted.																				

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